## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: <u>0942/676</u>

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fcc	Fee =	Total
	Sm./Lg.	_			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/104						. Thoit
Total Claims >20	203/103	20 -20 :	·	х			<i></i>
Independent Claims >3	202/102			x			
Mult. Dep Claim Presen	204/104		•				
Surcharge	205/105	•					1300
English Translation	139				<del></del>		
TOTAL FEE CALCUL	ATION						890,00
Fees due upon filing	the application:						
Total Filing Fees Du	e =	890.0	0	<del></del> -			
Less Filing Fees Sub	miπed -\$			· 	·		
BALANCE DUE	/ = \$ <u> </u>	8 90.0	•				
B. all	fande	<u></u>					
Office of Initial Pater	t Examination	<del></del>					

Figure 7